

# My Complaint



**My problem:** \_\_\_\_\_

**Date problem happened or date I became aware of it:** \_\_\_\_\_

**Steps I have taken to solve the problem:** \_\_\_\_\_

☐ I talked to my doctor on \_\_\_\_\_ ☐ My doctor said: \_\_\_\_\_

☐ I talked to my health plan on \_\_\_\_\_ ☐ My plan said: \_\_\_\_\_

☐ Other steps: \_\_\_\_\_

**I filed a complaint with my plan:**

☐ Date filed: \_\_\_\_\_ by: ☐ phone ☐ e-mail ☐ fax or ☐ mail

☐ My complaint was urgent.

☐ My plan said that I would get a response by this date: \_\_\_\_\_

**My plan's response to my complaint:** \_\_\_\_\_

\_\_\_\_\_

**I decided to go to the HMO Help Center**

If your plan did not respond in the time limit or you are not satisfied with the response, call the HMO Help Center at 1-888-466-2219. Or visit [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

☐ I called the HMO Help Center on \_\_\_\_\_

☐ I filed a complaint or IMR application with the HMO Help Center on \_\_\_\_\_

☐ The HMO Help Center said it would respond to my complaint or my IMR application by this date: \_\_\_\_\_

**My IMR application was accepted:**

☐ The HMO Help Center said I would receive a decision by this date: \_\_\_\_\_

☐ My IMR was decided in my favor. The HMO Help Center says that my plan must comply by this date: \_\_\_\_\_

☐ My IMR was NOT decided in my favor. The HMO Help Center says that if I want to take my complaint further, I can do this: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_